

Patient Name	: Mr. MADHAB CHANDRA PATRA	Age/Gender	: 45 Y/M
UHID/MR No.	: SALW.0000137830	OP Visit No	: SALWOPV207345
Sample Collected on	:	Reported on	: 02-03-2024 14:35
LRN#	: RAD2254662	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 639336		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver measures about 14cm, Shows fatty changes (Grade I).
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.
Wall thickness appear normal.

Pancreas appears normal.

Spleen measures 11.1cm and shows uniform echotexture.

Visualised aorta and IVC are normal.
No evidence of ascites or lymphadenopathy.

Right kidney measures 9.4 x 4.1cm.
Left kidney measures 9.6 x 3.7cm.
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.5 x 3.0 x 2.6cm (Vol-10ml).

Bladder is normal in contour.

IMPRESSION:

Grade I fatty liver.

No other significant abnormality detected.

Patient Name : Mr. MADHAB CHANDRA PATRA

Age/Gender : 45 Y/M

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology

Patient Name	: Mr. MADHAB CHANDRA PATRA	Age/Gender	: 45 Y/M
UHID/MR No.	: SALW.0000137830	OP Visit No	: SALWOPV207345
Sample Collected on	:	Reported on	: 02-03-2024 17:31
LRN#	: RAD2254662	Specimen	:
Ref Doctor	: SELF		
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DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:

NORMAL STUDY.



Dr. ARUN KUMAR S
MBBS, DMRD, DNB
Radiology

Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
Age/Gender : 45 Y 6 M 15 D/M	Received : 02/Mar/2024 02:04PM
UHID/MR No : SALW.0000137830	Reported : 02/Mar/2024 02:48PM
Visit ID : SALWOPV207345	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 639336	

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic to microcytic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen.

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

COMMENTS : Kindly correlate clinically.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:BED240055938

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Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.4	g/dL	13-17	Spectrophotometer
PCV	42.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.82	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	73	fL	83-101	Calculated
MCH	21.3	pg	27-32	Calculated
MCHC	29.4	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,700	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	69	%	40-80	Electrical Impedence
LYMPHOCYTES	25	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5313	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1925	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	77	Cells/cu.mm	20-500	Calculated
MONOCYTES	385	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.76		0.78- 3.53	Calculated
PLATELET COUNT	242000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
..				




Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
Age/Gender : 45 Y 6 M 15 D/M	Received : 03/Mar/2024 07:31AM
UHID/MR No : SALW.0000137830	Reported : 03/Mar/2024 12:01PM
Visit ID : SALWOPV207345	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 639336	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:HA06581452

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 01:08PM
Age/Gender : 45 Y 6 M 15 D/M	Received : 02/Mar/2024 04:19PM
UHID/MR No : SALW.0000137830	Reported : 02/Mar/2024 04:30PM
Visit ID : SALWOPV207345	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 639336	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

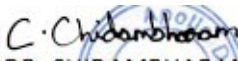
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	88	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:PLP1426544



Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
Age/Gender : 45 Y 6 M 15 D/M	Received : 02/Mar/2024 05:44PM
UHID/MR No : SALW.0000137830	Reported : 02/Mar/2024 07:49PM
Visit ID : SALWOPV207345	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 639336	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:EDT240025267

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
Age/Gender : 45 Y 6 M 15 D/M	Received : 02/Mar/2024 04:19PM
UHID/MR No : SALW.0000137830	Reported : 02/Mar/2024 04:29PM
Visit ID : SALWOPV207345	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 639336	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	212	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	145	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	176	mg/dL	<130	Calculated
LDL CHOLESTEROL	147	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.89		0-4.97	Calculated

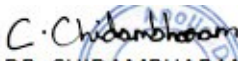
Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST


SIN No:SE04648222



Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324


DR. CHIDAMBHARAM C
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CONSULTANT PATHOLOGIST
SIN No:SE04648222

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Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	168.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2.08		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.


DR. CHIDAMBHARAM C
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UHID/MR No : SALW.0000137830	Reported : 02/Mar/2024 06:24PM
Visit ID : SALWOPV207345	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.00	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	16.05	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.50	mg/dL	4.0-7.0	URICASE
CALCIUM	8.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2.08		0.9-2.0	Calculated


DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST
SIN No:SE04648222

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	168.00	U/L	32-111	IFCC

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	39.00	U/L	16-73	Glycylglycine Kinetic method



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Age/Gender : 45 Y 6 M 15 D/M	Received : 02/Mar/2024 02:01PM
UHID/MR No : SALW.0000137830	Reported : 02/Mar/2024 08:24PM
Visit ID : SALWOPV207345	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 639336	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	2.27	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	13.34	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.343	µIU/mL	0.34-5.60	CLIA


Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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DR. R. SRIVATSAN
M.D.(Biochemistry)



SIN No: SPL24036942

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24036942

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	8.94	ng/mL	30 -100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
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DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24036942

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
Age/Gender : 45 Y 6 M 15 D/M	Received : 02/Mar/2024 02:01PM
UHID/MR No : SALW.0000137830	Reported : 02/Mar/2024 03:48PM
Visit ID : SALWOPV207345	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 639336	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

VITAMIN B12 , SERUM	95.2	pg/mL	107.2-653.3	CLIA
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Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.420	ng/mL	0-4	CLIA



DR.R.SRIVATSAN
M.D.(Biochemistry)



SIN No:SPL24036942

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

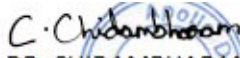
Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
Age/Gender : 45 Y 6 M 15 D/M	Received : 02/Mar/2024 02:13PM
UHID/MR No : SALW.0000137830	Reported : 02/Mar/2024 03:41PM
Visit ID : SALWOPV207345	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 639336	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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DR. CHIDAMBHARAM C
M.D., D.N.B.
CONSULTANT PATHOLOGIST

SIN No:UR2296074



Patient Name : Mr.MADHAB CHANDRA PATRA	Collected : 02/Mar/2024 10:19AM
Age/Gender : 45 Y 6 M 15 D/M	Received : 02/Mar/2024 02:13PM
UHID/MR No : SALW.0000137830	Reported : 02/Mar/2024 03:41PM
Visit ID : SALWOPV207345	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 639336	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

C. Chidambaram
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SIN No:UF010868

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